1-41 Correled 42

DATENT ADDITIONALEE DETERMINATION DEGO								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								10772703				
CLAIMS AS FILED - PART I								SMALL I	ENTITY		OTHE	R THAN
Τ/	OTAL CLAIMS		(Column 1) (umn 2)	•	TYPE !		OR	SMÁLL	ENTITY
TOTAL CLAIMS .			5					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			グ mińus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =					X43=		OR	X86=	
ΜL	JLTIPLE DEPEN	NDENT CLAIM P	RESENT				ı	+145=	 	1	200	
* If the difference in column 1 is less than zero, enter "0" in column 2							Į	-	 	OR	L	
CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	OR	TOTAL	770
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING		HIGHE	EST	PRESENT			ADDI-]		ADDI-
		AFTER AMENDMENT		PREVIO PAID F	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	t	X43=		OR	X86=	
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM		┢		<u> </u>			
							L	+145=	,	OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	_					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	r	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT	CLAIM		H			l		
							L	+145=		OR	+290=	
	•						ΑI	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST										_		
AMENDMENI C		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=	, 22	OR	X\$18=	
בַּ בַּ	Independent	*	Minus	***		=	\vdash			Un		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-	X43=		OR	X86≃	
+145=										OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OF											TOTAL DDIT. FEE	
H	rme "Highest Nun he "High st Numt	nber Previously Pai ber Previously Paid	d For" IN THIS For" (Total or	5 SPACE is Independen	less thar nt) is the	n 3, enter "3." highest number fo			propriat box	in colu		